

2006/9/21

<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Address to: <b>Mail Stop RCE</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number:</b> 10/787,204	<b>Confirmation Number:</b> 4678				
	<b>Filing Date:</b> February 27, 2004					
	<b>First Named Inventor:</b> Toshihisa NOZAWA					
	<b>Group Art Unit:</b> 1763					
	<b>Examiner:</b> Rakesh K. Dhingra					
<b>Attorney Docket Number:</b> 09459.0001-00000						
<b>This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.</b>  Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.						
<p><b>1. Submission required under 37 C.F.R. § 1.114: <u>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.</u> If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.</b></p> <p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p style="margin-left: 20px;">i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.</p> <p style="margin-left: 20px;">ii. <input type="checkbox"/> Other _____.</p> <p>b. <input type="checkbox"/> <b><u>DO NOT ENTER</u></b> the amendment(s) previously filed on _____. An alternate submission is attached.</p> <p>c. <input checked="" type="checkbox"/> Enclosed submission:</p> <table style="width: 100%; margin-left: 20px;"><tr><td style="width: 50%;">i. <input checked="" type="checkbox"/> Amendment/Reply</td><td style="width: 50%;">iii. <input type="checkbox"/> Information Disclosure Statement</td></tr><tr><td>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</td><td>iv. <input type="checkbox"/> Other _____</td></tr></table>			i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement	ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____
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ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____					
<p><b>2. Miscellaneous</b></p> <p>a. <input type="checkbox"/> Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)</p> <p>b. <input type="checkbox"/> Other _____</p>						
<p><b>3. Fees</b></p> <p>a. <input checked="" type="checkbox"/> The filing fee is calculated as follows:</p> <p style="margin-left: 20px;">i. <input checked="" type="checkbox"/> \$790.00 RCE fee required under 37 C.F.R. § 1.17(e)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Petition for extension of time for (Three Months) \$1020.00.</p> <p style="margin-left: 20px;">ii. <input type="checkbox"/> Other _____</p> <p>b. <input checked="" type="checkbox"/> Check in the amount of \$1810.00 is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.</p>						
<b>Signature of Applicant, Attorney, or Agent Required</b>						
Name: David W. Hill	Reg. No.: 28,220					
Signature: /David W. Hill/	Date: September 21, 2006					
<b>Certificate of Mailing or Transmission</b>						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA. 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:						
Name:						
Signature:	Date:					